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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number 3142.2.2.1

First Named Inventor Michael McNeely

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LASER ABLATION OF DOPED FLUOROCARBON MATERIALS AND APPLICATIONS THEREOF*(Title of the Invention)*

the specification of which

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY) **06/08/2000** as United States Application Number or PCT InternationalApplication Number **PCT/US00/40156** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 37, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes No
60/138,091	United States	06/08/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the

Patent and Trademark Office connected therewith: ☒ Customer Number **21552**

OR

Place Customer Number
Bar Code Label Here☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number
or Bar Code Label**21552**OR ☐ Correspondence address below

Name	Evan R. Witt				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

Name of Sole or First Inventor

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Michael				McNeely			
Inventor's Signature	<i>Michael McNeely</i>				Date	3/28/01	
Residence: City	Sandy	State	Ut	Country	US	Citizenship	US
Post Office Address	2159 East Powderkeg Drive						
City	Sandy	State	UT	Zip	84093	Country	US

☐ Additional inventor are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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	First Named Inventor	Michael McNeely
	COMPLETE IF KNOWN	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

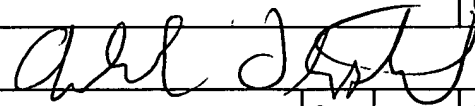
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Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number 21552 OR ☐ Correspondence address below

Name	Evan R. Witt				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
<u>Arnold</u>			<u>Oliphant</u>		
Inventor's Signature					Date <u>4/12/2000</u>
Residence: City	<u>Erda</u>	State	<u>Ut</u>	Country	<u>US</u>
Post Office Address	<u>1563 West Erda Way</u>				
City	<u>Erda</u>	State	<u>UT</u>	Zip	<u>84074</u>
Country	<u>US</u>				

☐ Additional inventor are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.